

\*\*For urgent issues, please contact the Sagadahoc County Communications Center and Request that Director Tammy Shiers be notified.

DEPARTMENT NAME: _					
MUNICIPALITY:					
TODAY'S DATE:					
DATE OF INCIDENT: _					
Nature of issue:					
Radio System	Dispatcher	Flag addr	ess in CAD	Other	
<b>Description of issue:</b> For radio system issues and model for radio, an	s, please include issue, ch nd time of day.	nannel, location, t	ype of radio (ı	mobile or porta	ble), make
For dispatcher: address flag,	or other issue, please be as s	pecific as possible.			
Name, position & sign	nature of person subm	nitting this form:			
Contact information (	(phone, e-mail) :				
Name & signature of	department Chief:				
Submit this form to Direct	tor Tammy Shiers, at tshier	rs@sagadahoccoun	tyme.gov or fax	x to 207-443-8535	5
Communication Center Use	:	D	ate Form red	ceived:	
Follow-up / resolution	n:				
Date follow-up comp	lete:				